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Biocompatible, Biodegradable, and Enzymatic-Cleavable MRI Contrast Agents for Early Detection of Bone Metastatic Breast cancer

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14. ABSTRACT  This concept award proposes to design and test a novel peptide-based MRI contrast agent for early detection of bone metastasis from breast cancer. The proposed imaging agent is consist of bone targeting moiety of Asp8 and MRI imaging moiety of DOTA(Gd) with a cathepsin K cleavable peptide spacer. A solid phase peptide synthesis (SPPS) strategy was used to synthesize the peptide. Non-targeting and CTSK-insensitive controls were similarly prepared. The obtained imaging agent with a peptide sequence of Asp8CRPGGG has shown high binding affinity to hydroxyl apatite as well as biodegradability in the presence of cathepsin K. However, it also exhibited undesirable Gd chelation ability likely due to Asp8, resulting in its toxicity and limiting its use as a contrast agent for MRI applications.					
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## Introduction

Metastatic breast cancers in bone are very difficult to treat and result in significant morbidity and mortality. Current therapeutic options for breast cancer induced bone-metastases are usually palliative, and planning an individual therapeutic strategy as early as possible to delay skeletal complications is the key to manage patients with bone metastases. Hence, more specific imaging technologies to early detect and accurately diagnose whether and what cancerous bone metastasis is greatly needed in clinical practice. Currently skeletal scintigraphy represents the first line of diagnostic tools in the detection of osseous metastases. However, it suffers from poor sensitivity to lytic bone tumors, which is the case for breast cancer metastases. It also cannot provide structural details of lesions in bone. As a result, MRI is emerging as an alternative imaging modality for bone metastases diagnosis. Contrast enhanced MRI (CE-MRI) assisted with imaging probes can significantly improve early detection of tumor. However, MRI used for the diagnosis of bone metastases in the current clinical setting, has not yet involved the use of contrast agents. Thus, the development of appropriate bone-specific MRI probes for bone metastases is of importance. This proposal addresses this important public health need.

The central hypothesis of this project is that Gd complex in conjugation with a peptide which contains Asp<sub>8</sub> moiety and a cathepsin K (CTSK) substrate will achieve a novel bone-targeted, biodegradable and enzymatic-cleavable MRI contrast agent (Figure 1). Glycine terminal provides an amine group to attach the Gd chelator of DOTA. Asp<sub>8</sub> has a high affinity for bone mineral and has been used as bone-targeting moiety in molecular therapeutics.(1-6) The use of Asp<sub>8</sub> allows active accumulation of contrast agents in bone, thus leading to enhanced MR imaging in skeletal tissues. More importantly, by utilization of a CTSK-sensitive peptide linkage, Gd complex will be released following enzymatic cleavage. This not only reduces potential toxicity, but also leads to dynamic contrast enhancement at bone resorption sites to better detect CTSK activity. As CTSK is suggested as an indicator of bone metastasis from breast cancer,(4, 7-14) probing CTSK activity at bone turnover sites may suggest the pathogenesis of bone metastasis. In summary, the research proposes a new bone specific contrast agent which might be useful for early detection of bone metastatic breast cancer.

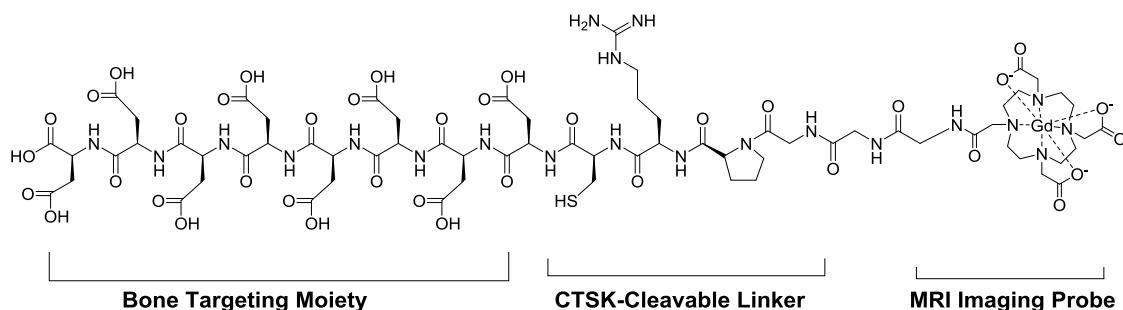


Figure 1: The concept of new bone-targeted, enzyme-degradable MRI imaging probe

## Body

The first step for the project is to synthesize and purify peptide-based imaging agents. Proteolysis has been developed as a powerful tool for advanced drug delivery/imaging systems. Cathepsin K (CTSK), a protease primarily responsible for bone resorption, has been identified as a valuable therapeutic target for osteoclast-mediated osteolytic disease.(10, 13, 14) Hence, CTSK cleavable peptides have been explored in the development of molecular imaging probes and drug delivery systems in order to facilitate imaging agents/drugs release in osteolytic microenvironments.(5, 7, 10, 11, 15, 16) Oligo-peptides, e.g. RPGG (7, 17), NPGG (5) and HPGGPQ (15), have been demonstrated as CTSK-specific substrates. However, it is unclear which peptide sequence is more sensitive regarding to CTSK cleavage. To address this issue and identify best possible CTSK-cleavable linker for our project, we have initially synthesized CTSK-activatable imaging agents based on fluorescence resonance energy transfer (FRET) mechanism. We found that upon CTSK treatment, fluorescence intensity increased up to 8.2, 2.5, and 7.6- fold in the case of using RPGG, NPGG and HPGGPQ as substrate, respectively. This study confirmed literatures' results that all of above mentioned peptides are more or less sensitive to CTSK treatment (5, 7, 15-19), making all of them suitable as CTSK-sensitive peptides for drug delivery or molecular imaging applications. Originally we proposed to use NPGG as CTSK substrate. Both NPGG (5) and RPGG (17) were reported to be a CTSK-cleavable peptide sequence, based on our own practice, however, we made appropriate adjustment to switch NPGG to RPGG to obtain imaging agents. Accordingly, we have prepared 3 peptides (Figure 2) which were synthesized by solid phase peptide synthesis (SPPS) strategy, and purified by preparative HPLC. The chemical structures of peptides were shown in Figure 2. The molecular weights of these peptides were characterized and confirmed by mass spectroscopy (Figure 2).

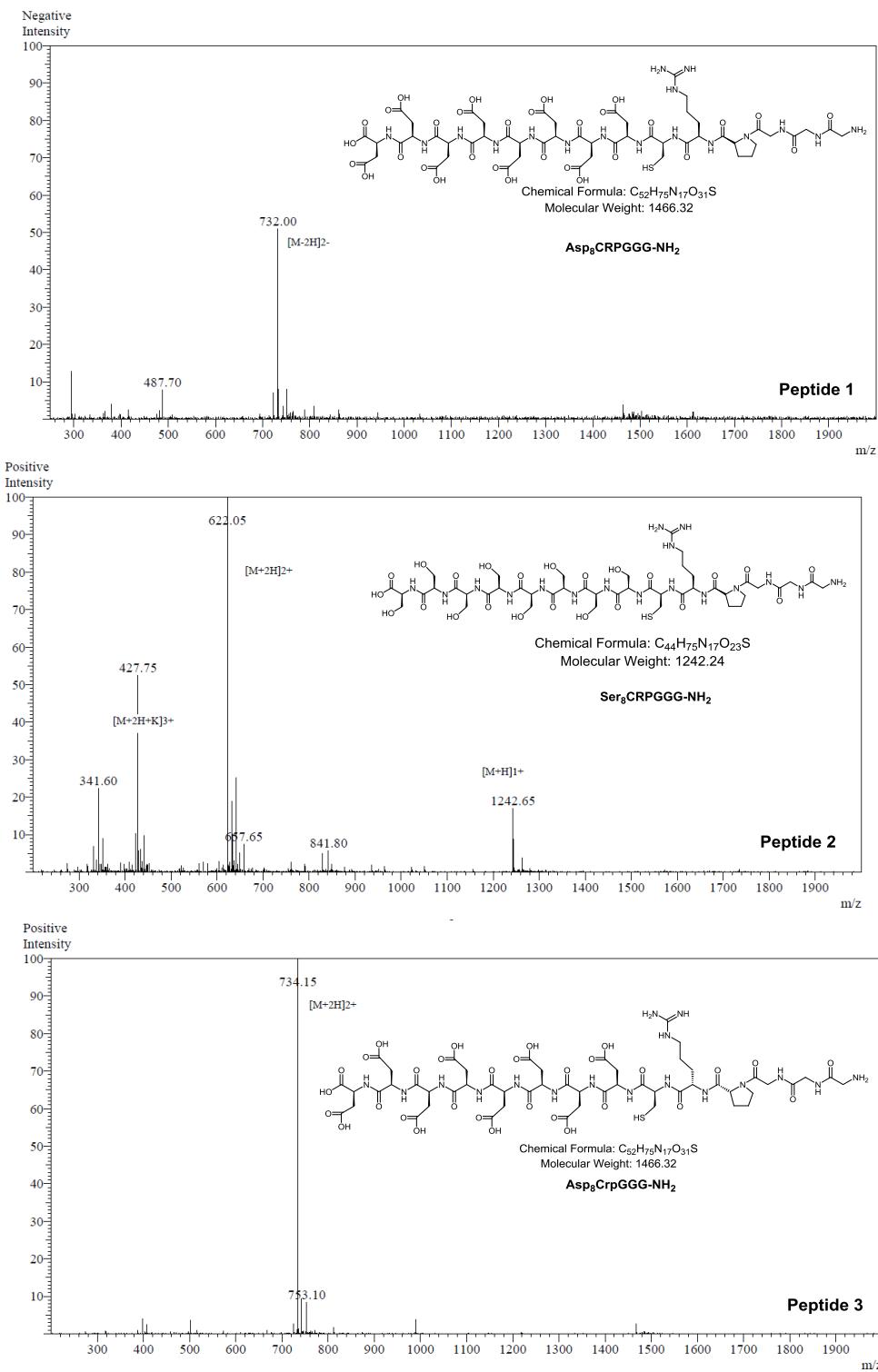


Figure 2: Mass spectra characterization of peptides which were synthesized based on SPPS strategy.

The most remarkable feature of skeletal tissue is its mineralized extracellular matrix. In the body, 99% of the calcium is located in bone as a component of mineral composition (apatite,  $\text{Ca}_{10}(\text{PO}_4)_6$ ). To this end, a number of agents with high apatite binding affinity, including bisphosphonates (BPs) and oligopeptides (Asp<sub>6</sub>, Asp<sub>8</sub> and Glu<sub>8</sub>), have been identified to selectively bind to skeletal tissues in the development of water soluble bone-targeted drug delivery systems.(20-25) Based on these findings, we have proposed to use Asp<sub>8</sub> as bone-targeting moiety for imaging agents and tested the binding affinity of these imaging agents to hydroxyl apatite (HA). Mineral content (mainly apatite) accounts for nearly ~70% of the weight of fresh bone, so the binding affinity of nanotherapeutics to hydroxyapatite can mimic the binding affinity of nanotherapeutics to the bone.(4) To facilitate the evaluation of HA binding affinity of imaging agents, we conjugated FITC into peptides and then measured their HA binding affinity according to a method reported in the literature.(1) As shown in Figure 3, after 30-min incubation of imaging agents with HA, the percent of imaging agents bound to hydroxyl apatite were estimated at  $3.9 \pm 1.8$ ,  $66.2 \pm 2.1$ ,  $15.5 \pm 1.5$ , and  $54.7 \pm 2.7$  for free FITC, Asp<sub>8</sub>CRPGGG-FITC, Ser<sub>8</sub>CRPGGG-FITC, and Asp<sub>8</sub>CrpGGG-FITC, respectively. The data suggested that imaging agents with Asp<sub>8</sub> residue (bone targeting moiety) indeed possess high affinity to HA. In contrast, free FITC or the control peptide with Ser<sub>8</sub> residue only showed minimal and non-specific binding onto HA.

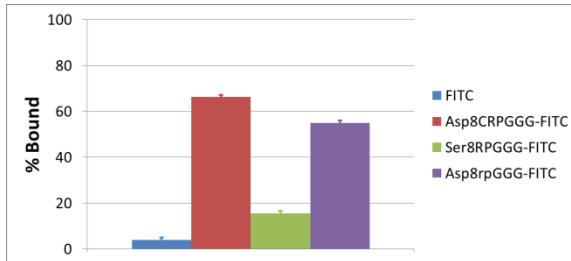


Figure 3: In vitro HA binding ability of imaging agents.

Next we performed experiments to investigate cathepsin K-induced degradability of imaging agents according to a similar method in the literature.(5) For this, FITC was conjugated to peptides as a model imaging moiety and its release from peptide backbone was monitored by HPLC. The imaging agents of Asp<sub>8</sub>CRPGGG-FITC, Ser<sub>8</sub>CRPGGG-FITC and Asp<sub>8</sub>CrpGGG-FITC, which either contains CTSK-cleavable linker (RPGG) or CTSK-insensitive linker (rpGG), were incubated with cathepsin K (100 nM) at 37°C in acetate buffer (0.1 M, pH 5.5). Cathepsin K was pre-incubated at 37°C for 5 min to activate the enzyme in the active site, followed by addition of the imaging agents of Asp<sub>8</sub>CRPGGG-FITC, Ser<sub>8</sub>CRPGGG-FITC and Asp<sub>8</sub>CrpGGG-FITC. HPLC analyses were performed on the Agilent 1200 series. HPLC apparatus equipped with a reverse-phase column (ZORBAX 300SB-C18, 5  $\mu\text{m}$ , 4.6  $\times$  150mm) and a Variable Wavelength Detector (VWD). The FITC moiety was detected at 490 nm. Cathepsin K catalyzed release of FITC fragments occurred in the cases of RPGG-containing peptides, i.e. Asp<sub>8</sub>CRPGGG-FITC and Ser<sub>8</sub>CRPGGG-FITC, but not in the case of Asp<sub>8</sub>CrpGGG-FITC. After 8-h post cathepsin-K treatment, it was calculated that approximately  $56.5 \pm 1.6$ ,  $62.8 \pm 1.4$ , and

1.7  $\pm$  0.5 % of FITC fragments were released from peptides of Asp<sub>8</sub>CRPGGG-FITC, Ser<sub>8</sub>CRPGGG-FITC and Asp<sub>8</sub>CrpGGG-FITC, respectively. These results demonstrated that peptides with a sequence of RPGG are biodegradable in the presence of cathepsin K, which is consistent with the findings in literature.(4, 7, 17)

To obtain imaging agents for MRI studies, the above mentioned peptides were allowed to react with DOTA-NHS followed by complexing with Gd(OAc)<sub>3</sub> to afford proposed peptide-based MRI contrast agents (Figure 4). The mixtures were purified by dialysis (MWCO = 1000) against de-ionized water for 96 hrs. The final products were obtained after lyophilization. The gadolinium contents in the conjugates were measured by inductively coupled plasma optical emission spectroscopy (ICP-OES). The Gd contents of imaging agents were 1.33  $\pm$  0.15, 0.51  $\pm$  0.12 and 1.36  $\pm$  0.16 mmol Gd/g, for Asp<sub>8</sub>CRPGGG[DOTA-Gd], Ser<sub>8</sub>CRPGGG[DOTA-Gd], and Asp<sub>8</sub>CrpGGG[DOTA-Gd], respectively. The results were a bit to our surprise since the theoretical maximum Gd loading capacity for the corresponding imaging agents are 0.50, 0.56 and 0.50 mmol Gd/g of compound. The data indicated that Gd conjugation degree for Asp<sub>8</sub>CRPGGG[DOTA-Gd], Ser<sub>8</sub>CRPGGG[DOTA-Gd], Asp<sub>8</sub>CrpGGG[DOTA-Gd] were 267.1%, 91.1% and 273.1%, respectively, as compared to theoretical Gd loading capacities which can be calculated based on chemical structures of imaging agents shown in Figure 4. The results suggested that peptide of Asp<sub>8</sub>, but not Ser<sub>8</sub>, maybe also involved in Gd cleavage process. Therefore, a construct of Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd] or Asp<sub>8</sub>[Gd]<sub>x</sub>rpGGG[DOTA-Gd], which a certain degree of Gd was undersolvably bound to Asp<sub>8</sub> moiety, may be obtained.

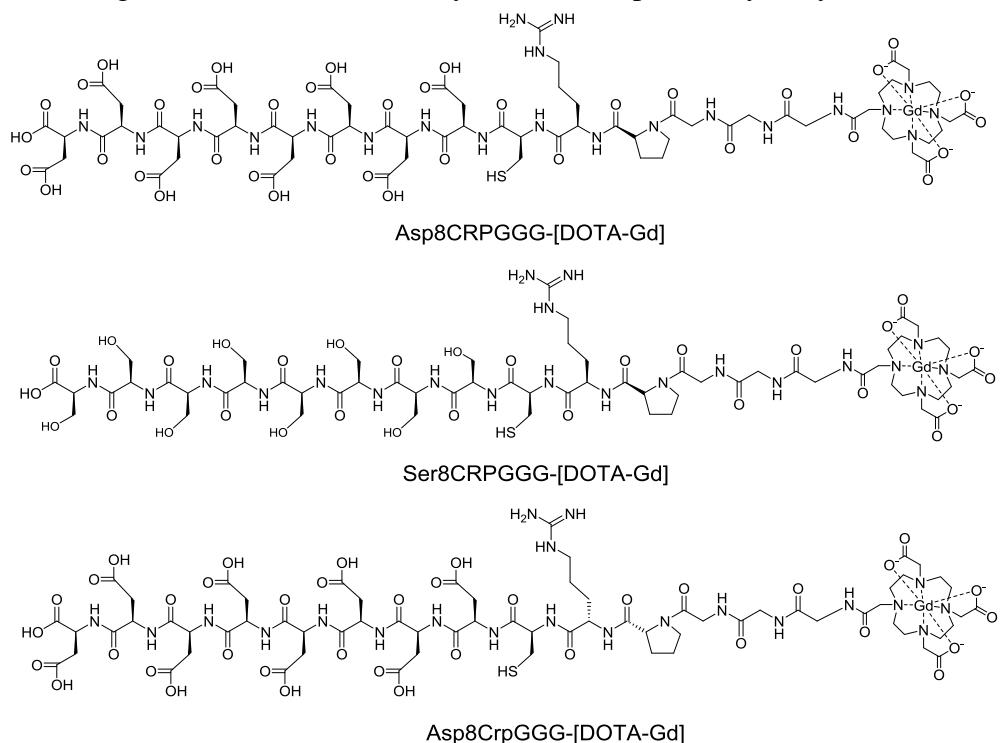


Figure 4: Chemical structures of peptide-based MR imaging agents.

The *in vitro* cytotoxicity of imaging agents before and after Gd loading were evaluated in a breast cancer cell line of MDA-MB-231-Luc cells by a PrestoBlue™ (Invitrogen) cell proliferation assay. As shown in Figure 5, all imaging agents before Gd loading exhibited minimal cytotoxicity to cells at concentration up to 1000  $\mu\text{g/mL}$ . However, after Gd was loaded into these imaging agents, mild cytotoxicities were observed at high concentration (1000  $\mu\text{g/mL}$ ) in the case of Asp<sub>8</sub>-containing imaging agents, in particularly for Asp<sub>8</sub>CRPGGG-[DOTA-Gd] (Figure 5).

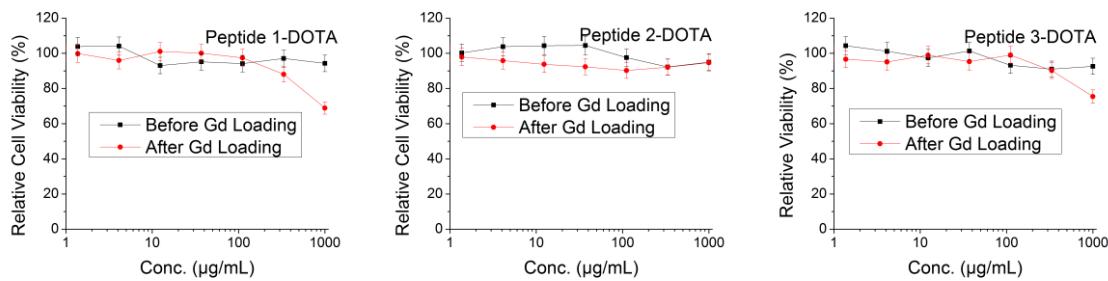


Figure 5: Cytotoxicity of peptide-based imaging agents in MDA-MB-231-Luc cells.

The above results, especially excessive and undesirable bound Gd onto Asp<sub>8</sub>-containing peptides, have raised a safety concern for the use of these imaging agents in animals, since free gadolinium is very toxic in the body.(26-29) Therefore, we have performed a tolerated dose study to investigate if these imaging agents would cause acute toxicity to animals at a clinical meaningful MRI testing dose (0.1 mmol Gd/Kg). Imaging agents of Asp<sub>8</sub>CRPGGG[DOTA-Gd] and Ser<sub>8</sub>CRPGGG[DOTA-Gd] in 100  $\mu\text{L}$  of PBS were injected into mice through tail vein at a dose of 0.1 mmol Gd/kg (3 mice per group). Equivalent amount of Asp<sub>8</sub>CRPGGG-DOTA without Gd loading was used as a control (3 mice). Unfortunately, all the mice that were administrated with Asp<sub>8</sub>CRPGGG[DOTA-Gd] died within 2 to 24 hours after injection. In contrast, no obvious toxicity was observed for those mice received either Ser<sub>8</sub>CRPGGG[DOTA-Gd] or Gd-free peptide of Asp<sub>8</sub>CRPGGG-DOTA. It appears that acute toxicity of Asp<sub>8</sub>CRPGGG[DOTA-Gd] likely resulted from excessive bound Gd ions onto Asp<sub>8</sub>CRPGGG-DOTA. We have originally proposed to use Asp<sub>8</sub> as bone targeting ligand (Figure 1). Unexpectedly, Asp<sub>8</sub> not only possesses HA binding affinity (Figure 3), but also appears to be able to chelate with Gd ions, leading to a construct of Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd] (Figure 6). However, Asp<sub>8</sub> is unlikely to be a Gd chelator as strong as DOTA. Such imaging agents may release free Gd ions *in vivo* in the presence of competing ions such as  $\text{Ca}^{2+}$ ,  $\text{Fe}^{2+}$ ,  $\text{Fe}^{3+}$ , and others (Figure 6). Such a drawback raises a significant safety issue for the use of Asp<sub>8</sub>-containing MR imaging agents in animals. Therefore, although Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd] indeed possesses high bone-targeting ability and Cathepsin K-induced degradability, it is not suitable as a safe agent for MRI applications.

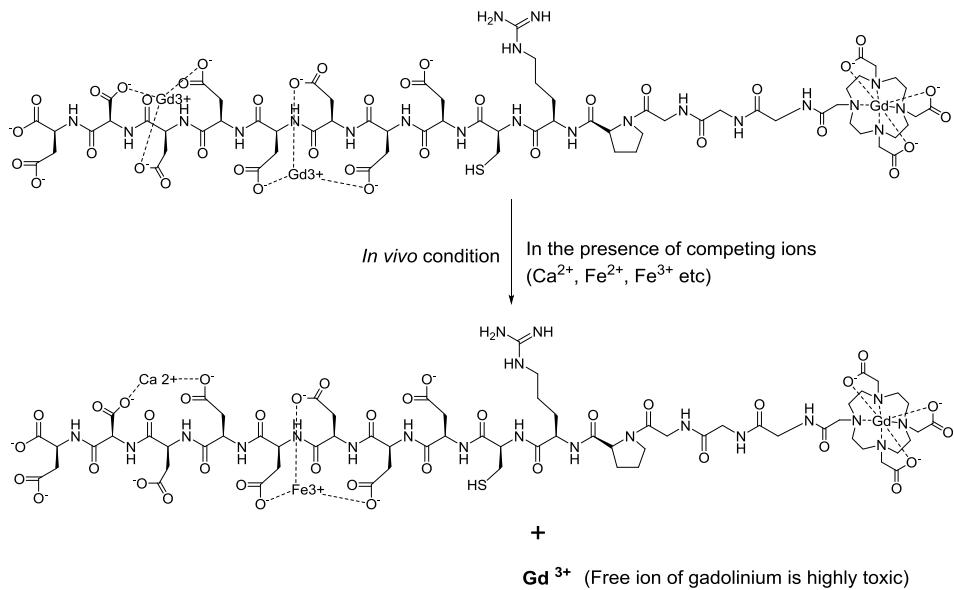


Figure 6: Possible mechanism of action of Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd] induced toxicity

### Key Research Accomplishments

- Peptide-based imaging agents were successfully obtained.
- Asp<sub>8</sub>-containing peptides were confirmed to have high HA binding affinity.
- HPLC studies revealed that RPGG is a valid substrate for cathepsin K.
- Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd], although it possesses high bone-targeting ability and Cathepsin K-induced degradability, may not be a good candidate for MRI applications because of a safety issue.

### Reportable Outcomes

None

### Conclusion

This concept award project proposes to design and test a novel peptide-based MRI contrast agent. We have successfully obtained peptides by using a solid phase peptide synthesis (SPPS) strategy. Non-targeting and CTSK-insensitive controls were similarly prepared. The obtained contrast agents were characterized in terms of bone specificity, enzymatic degradability and biocompatibility. The proposed MRI imaging agent, i.e. Asp<sub>8</sub>[Gd]<sub>x</sub>RPGGG[DOTA-Gd], although it possesses high bone-targeting ability and Cathepsin K-induced degradability, may not be a good candidate for MRI applications because of a safety issue.

## References:

1. D. Wang, S. Miller, M. Sima, P. Kopekova, J. Kopecek, Synthesis and evaluation of water-soluble polymeric bone-targeted drug delivery systems. *Bioconjugate Chem* **14**, 853 (Sep-Oct, 2003).
2. S. C. Miller, D. Wang, P. Kopeckova, J. Kopecek, Biopolymer-based delivery systems for advanced imaging and skeletal tissue-specific therapeutics. *J Bone Miner Metab* **23**, 103 (2005).
3. D. Wang *et al.*, Development of polymeric drug delivery systems that can differentially target bone formation and resorption surfaces. *Journal of Bone and Mineral Research* **20**, S413 (Sep, 2005).
4. D. Wang, S. C. Miller, P. Kopeckova, J. Kopecek, Bone-targeting macromolecular therapeutics. *Adv Drug Deliver Rev* **57**, 1049 (May 25, 2005).
5. H. Z. Pan *et al.*, Water-soluble HPMA copolymer - prostaglandin E-1 conjugates containing a cathepsin K sensitive spacer. *Journal of drug targeting* **14**, 425 (Jul, 2006).
6. D. Wang *et al.*, Pharmacokinetic and biodistribution studies of a bone-targeting drug delivery system based on N-(2-hydroxypropyl)methacrylamide copolymers. *Molecular pharmaceutics* **3**, 717 (Nov-Dec, 2006).
7. F. Lecaille, E. Weidauer, M. A. Juliano, D. Bromme, G. Lalmanach, Probing cathepsin K activity with a selective substrate spanning its active site. *Biochem J* **375**, 307 (Oct 15, 2003).
8. A. Lipton, New therapeutic agents for the treatment of bone diseases. *Expert opinion on biological therapy* **5**, 817 (Jun, 2005).
9. C. Le Gall, J. Gasser, E. Bonnelye, J. Zimmermann, P. Clezardin, A cathepsin K inhibitor inhibits the progression of breast cancer bone metastases. *Cancer treatment reviews* **32**, S16 (2006).
10. C. Le Gall *et al.*, A cathepsin K inhibitor reduces breast cancer-induced osteolysis and skeletal tumor burden. *Cancer research* **67**, 9894 (Oct 15, 2007).
11. R. N. Pearse, New strategies for the treatment of metastatic bone disease. *Clinical breast cancer* **8**, S35 (Dec, 2007).
12. C. Le Gall, E. Bonnelye, P. Clezardin, Cathepsin K inhibitors as treatment of bone metastasis. *Current opinion in supportive and palliative care* **2**, 218 (Sep, 2008).
13. Q. Zhao, Y. Jia, Y. Xiao, Cathepsin K: a therapeutic target for bone diseases. *Biochemical and biophysical research communications* **380**, 721 (Mar 20, 2009).
14. T. D. Rachner, P. Hadji, L. C. Hofbauer, Novel therapies in benign and malignant bone diseases. *Pharmacology & therapeutics* **134**, 338 (Jun, 2012).
15. F. A. Jaffer *et al.*, Optical visualization of cathepsin K activity in atherosclerosis with a novel, protease-activatable fluorescence sensor. *Circulation* **115**, 2292 (May 1, 2007).
16. S. C. Miller *et al.*, Feasibility of Using a Bone-Targeted, Macromolecular Delivery System Coupled with Prostaglandin E-1 to Promote Bone Formation in Aged, Estrogen-Deficient Rats. *Pharmaceutical research* **25**, 2889 (Dec, 2008).
17. F. Lecaille *et al.*, Selective inhibition of the collagenolytic activity of human cathepsin K by altering its S2 subsite specificity. *Biochemistry* **41**, 8447 (Jul 2, 2002).
18. K. M. Kozloff, L. Quinti, C. Tung, R. Weissleder, U. Mahmood, Non-invasive imaging of cathepsin K-Activated optical probe reveals osteoclast activity in vivo and in vitro. *Journal of Bone and Mineral Research* **21**, S41 (Sep, 2006).

19. H. Z. Pan *et al.*, Biodistribution and pharmacokinetic studies of bone-targeting N-(2-hydroxypropyl)methacrylamide copolymer-alendronate conjugates. *Molecular pharmaceutics* **5**, 548 (Jul-Aug, 2008).
20. S. Kasugai, R. Fujisawa, Y. Waki, K. Miyamoto, K. Ohya, Selective drug delivery system to bone: Small peptide (Asp)(6) conjugation. *J Bone Miner Res* **15**, 936 (May, 2000).
21. K. Yokogawa *et al.*, Selective delivery of estradiol to bone by aspartic acid oligopeptide and its effects on ovariectomized mice. *Endocrinology* **142**, 1228 (Mar, 2001).
22. E. Boanini, P. Torricelli, M. Gazzano, R. Giardino, A. Bigi, Nanocomposites of hydroxyapatite with aspartic acid and glutamic acid and their interaction with osteoblast-like cells. *Biomaterials* **27**, 4428 (Sep, 2006).
23. M. B. Murphy, J. D. Hartgerink, A. Goepferich, A. G. Mikos, Synthesis and in vitro hydroxyapatite binding of peptides conjugated to calcium-binding moieties. *Biomacromolecules* **8**, 2237 (Jul, 2007).
24. T. Takahashi *et al.*, Bone-targeting of quinolones conjugated with an acidic oligopeptide. *Pharmaceutical research* **25**, 2881 (Dec, 2008).
25. T. Takahashi-Nishioka *et al.*, Targeted drug delivery to bone: pharmacokinetic and pharmacological properties of acidic oligopeptide-tagged drugs. *Current drug discovery technologies* **5**, 39 (Mar, 2008).
26. E. Ledneva, S. Karie, V. Launay-Vacher, N. Janus, G. Deray, Renal safety of gadolinium-based contrast media in patients with chronic renal insufficiency. *Radiology* **250**, 618 (Mar, 2009).
27. J. Becker, H. Thompson, Renal safety of gadolinium-based contrast agent for ionizing radiation imaging. *Radiology* **240**, 301 (Jul, 2006).
28. H. Ersoy, F. J. Rybicki, Biochemical safety profiles of gadolinium-based extracellular contrast agents and nephrogenic systemic fibrosis. *Journal of magnetic resonance imaging : JMRI* **26**, 1190 (Nov, 2007).
29. L. Marzella, M. Blank, K. Gelperin, R. Johann-Liang, Safety risks with gadolinium-based contrast agents. *Journal of magnetic resonance imaging : JMRI* **26**, 816; author reply 817 (Sep, 2007).